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Draft country programme document**

Sierra Leone

Summary

The draft country programme document (CPD) for Sierra Leone is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $35,780,000 from regular resources, subject to the availability of funds, and $205,585,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2018.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2014 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2014.

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Basic data[a] *(2012 unless otherwise stated)*	
Child population (*millions, under 18 years, male/female*)	1.4/1.4
U5MR (*per 1,000 live births*)	182
Underweight (*%, under 5 years, moderate & severe, 2010*)	22
(*%, male/female, urban/rural, poorest/richest*)	24/20, 20/22, 22/15
Maternal mortality ratio (*per 100,000 live births, adjusted, 2010*)	890[a]
Use of improved drinking water sources (*%, 2011*)	57
Use of improved sanitation facilities (*%, 2011*)	13
One-year-olds immunized with DPT3 (%)	84[b]
One-year-olds immunized against measles (%)	80[b]
Primary school enrolment/attendance (*% net, male/female, 2010*)	73/76
Survival rate to last primary grade (*%, male/female, 2010*)	93/92
Adult HIV prevalence rate (*%, 15-49 years, male/female*)	1.2/1.7
HIV prevalence among pregnant women (%)	..
Child labour (*%, 5-14 years, male/female, 2010*)	27/25
Birth registration (*%, under 5 years, 2010*)	78
(*%, male/female, urban/rural, poorest/richest*)	78/78, 78/78, 74/88
GNI per capita (*US$*)	580

[a] More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org/.

[a] The figure reported in the above table is the adjusted maternal mortality ratio estimate prepared by the Maternal Mortality Estimation Inter-Agency Group. The reported estimate at country level is 857 deaths per 100,000 live births (2008), as presented in the Demographic and Health Survey, 2008.

[b] The immunization figures reported in the above table are inter-agency estimates prepared by WHO/UNICEF. The data disaggregated by sex are as follows: DPT3, male (72 per cent) and female (71 per cent); and measles, male (84 per cent) and female (79 per cent), from the multiple indicator cluster survey, 2010.

Summary of the situation of children and women

1. Sierra Leone is consolidating peace after a devastating civil war that lasted from 1991 to 2002. Left a fragile State by the war, it is now in transition to becoming a developing country. Political stability is progressing well, as confirmed by the third round of credible presidential, parliamentary and local council elections in November 2012. The United Nations Security Council, recognizing the positive changes, decided to end the mandate of the United Nations Integrated Peacebuilding Office in Sierra Leone by 31 March 2014. However, the poverty rate is still high and access to social services and infrastructure is inadequate. The poverty reduction strategy paper (2013-2018), also called 'Agenda for Prosperity', seeks to address these challenges. Sierra Leone is unlikely to achieve most of the Millennium Development Goals by 2015.

2. Gross domestic product grew by 13.3 per cent in 2013. Domestic revenue accounted for 80 per cent of the total government budget, with grants from

development partners accounting for the remaining 20 per cent.[1] The proportion of the population in absolute poverty declined from 66.4 per cent to 52.9 per cent between 2003 and 2011. Poverty is concentrated largely in rural areas but absolute poverty in the capital (Freetown) increased from 14 per cent to 21 per cent during that period. Around 14 per cent of the population is extremely poor, meaning that even if these approximately 860,000 people spent all their income on food, they would not meet basic nutritional requirements.[2] Social protection is weak and uncoordinated.

3. Access to health services for children and mothers has improved since the introduction of the Free Health Care Initiative for children below 5 years, pregnant women and breastfeeding mothers. About 97 per cent of pregnant women attend at least one antenatal clinic, and deliveries in health facilities have increased from 25 per cent in 2008 to 56 per cent in 2013. Under-five mortality stands at 156 per 1,000 live births.[3] The main causes of these deaths are malaria, diarrhoea, acute respiratory infections and neonatal events. Maternal mortality is still high, estimated at 890 per 100,000 live births, and 40 per cent of these deaths are among adolescents. Undernutrition is prevalent among children and pregnant women. About 38 per cent of children under 5 are stunted and 80 per cent of children aged 6-59 months are anaemic. Only 32 per cent of infants under 6 months are exclusively breastfed.[4]

4. An estimated 48,000 Sierra Leoneans are living with HIV, of which 4,400 are children. HIV prevalence among women is 1.7 per cent compared to 1.2 per cent among men. An especially vulnerable group comprises an estimated 180,000 to 300,000 women (between 4 per cent and 5 per cent of the population) who exchange sex for money or other items. Over half of this group is believed to be under 25 years of age, with 5 per cent under 15 years.[5] Out of 1,200 health facilities nationwide, only 131 provide antiretroviral treatment, while 687 provide prevention of mother-to-child transmission services. Just 3 per cent of infants receive early diagnosis.

5. Little safe water is supplied. Water and sanitation infrastructure is inadequate, as are hygiene practices in homes, schools and health facilities. About 57 per cent of the population has access to an improved drinking water source (84 per cent in urban areas, 40 per cent in rural areas). Just 13 per cent of the population uses non-shared, improved sanitation facilities (22 per cent in urban areas, 7 per cent in rural areas).

6. Population growth is putting increasing pressure on the environment. Rapid growth in unplanned urban areas is a serious concern. The environment also faces challenges from activities such as mining and from forest exploitation and poor solid waste collection and management. Subsistence agriculture has caused land degradation. The poorest communities are especially at risk of storms, floods, fires and other natural disasters, exacerbated by climate change, as well as epidemics.

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[1] Sierra Leone Budget Profile, 2014.

[2] Sierra Leone Integrated Household Survey, 2011.

[3] Demographic and Health Survey, 2013.

[4] Ibid.

[5] UNAIDS, *Population Size Estimation of Key Populations: Sierra Leone*, August 2013.

7. School enrolment increased over the 2000-2010 period, though universal primary education is yet to be reached. Pre-primary enrolment remains particularly low (7 per cent). The gross enrolment ratio for primary level was 122 per cent in 2010/2011, indicating that Sierra Leone in principle could accommodate all students at the appropriate grade for age. However, 23 per cent of children remain out of school, and the primary completion rate is just 76 per cent. Household wealth explains the most serious disparities in children's enrolment. It is estimated that only 60 per cent of children aged 6 to 11 years from the poorest households were enrolled in 2010, against 93 per cent of children from the wealthiest households. Of the poorest group only 76 per cent transition from primary school to junior secondary school, while among the wealthiest children 96 per cent make the transition.

8. Learning outcomes are generally very poor at all levels. At end of grade 3, many children lack the most basic reading, writing and comprehension skills. Junior secondary results are scarcely better. Inadequate pedagogical skills of teachers are a serious obstacle to learning, with about 40 per cent of the teachers untrained and unqualified. The demographic pressure on the education system is set to increase in the near future, which calls for additional investments to increase the system's capacity by 56 per cent in order to achieve universal primary education.[6]

9. Gender disparities in enrolment are slight, but they tend to deepen gradually as children progress through school. Only 14 per cent of girls access senior secondary school, against 32 per cent of boys.[7] Physical distance to secondary schools, early marriage and teenage pregnancy hamper attendance by girls, especially at secondary level.

10. About 16 per cent of girls are married before age 15 and 50 per cent before age 18.[8] Approximately 47 per cent of girls aged 18 have had a child or are pregnant.[9] Girls in the poorest quintile are more than four times as likely to give birth before age 15 compared to their peers in the wealthiest quintile.[10] Nine of ten women have undergone female genital mutilation/cutting.[11]

11. Weak protection systems, standards and capacity are major bottlenecks to attaining a protective environment for women and children. Limited budgets for social welfare services, amounting to less than 1 per cent in national budgetary allocations for 2014,[12] undermine the response capacity of the Ministry of Social Welfare, Gender and Children's Affairs and local councils. About 82 per cent of children aged 2-14 in Sierra Leone are subjected to at least one form of psychological or physical punishment. More than a quarter (26 per cent) of children aged 5-17 are involved in hazardous child labour.[13]

12. Children in conflict with the law are routinely incarcerated with adults and unable to realize their basic human rights. Victims of abuse have limited recourse to

[6] Government of Sierra Leone, *Country Status Report*, 2013.
[7] Ibid.
[8] Multiple Indicator Cluster Survey, 2010.
[9] Demographic and Health Survey, 2008.
[10] Multiple indicator cluster survey, 2010.
[11] Demographic and Health Survey, 2013.
[12] Government of Sierra Leone, *Budget Estimates Profile, 2011-2015* (2013).
[13] *State of the World's Children 2014*.

justice or care and are traumatized. Weak civil registration systems reduce access to birth registration. The response to child disability is poor, as school facilities are largely inappropriate and there are no provisions to assist children with disability in accessing health care and social protection.

13. There are difficulties with the availability and use of quality and reliable data to provide evidence for decision-making in planning and programming. A comprehensive monitoring and evaluation framework needs to be developed across ministries, departments and agencies.

Key results and lessons learned from previous cooperation, 2013-2014

Key results achieved

14. UNICEF contributed to addressing identified barriers and bottlenecks that prevent children, particularly the most disadvantaged, from realizing their rights. Following is a summary of some of the major results achieved in the previous programme, which was a transition to the new four-year country programme:

15. The Free Health Care Initiative has significantly improved the availability of essential drugs for management of childhood illnesses in health facilities and reduced health care costs for women and children. UNICEF supported training, deployment and supportive supervision of nurses, midwives, maternal and child health aides, and community health workers. Rehabilitation, construction and equipping of health clinics and hospitals was stepped up to improve quality. Twice yearly maternal and child health weeks, which reached most households, included tracing of immunization defaulters. Integrated community case management of malaria, pneumonia and diarrhoea was scaled up from two to six districts, as was community-based management of acute malnutrition.

16. Community-led total sanitation contributed to the reduction in open defecation. During 2013, some 1,283 communities and villages, totalling 256,600 people, were triggered for local action to stop open defecation. A total of 687 communities/villages, with a population of 137,400 people, have been declared "open defecation free".

17. UNICEF supported an increase in the number of peripheral health units providing treatment for severe acute malnutrition from 227 to 428 nationwide. A total of 32,000 children under 5 suffering from severe acute malnutrition were admitted annually to the community-based management of acute malnutrition programme, with an 80 per cent cure rate.

18. A strategic plan to speed up elimination of mother-to-child-transmission of HIV is being implemented. It has improved access to services, upgraded facilities for early infant diagnosis of HIV and scaled up paediatric care for affected children. The 12 district hospitals and 7 hospitals within the Western area provide early infant diagnosis and paediatric treatment for infected children. Local organizations supported by UNICEF provided care to 250 children infected by HIV.

19. UNICEF supported the Government in developing the education sector plan (2014-2018) and national curriculum for basic education. Baseline research on early-grade reading skills was completed, and the resulting findings were the basis

for developing the teacher training programme. Hygiene, health and sanitation have been integrated into pre-service and in-service teacher training. UNICEF supported households, mother support groups and schools through a cash and school uniform incentive scheme to ensure that six-year-old children are enrolled in class 1.

20. UNICEF worked with the Government and partners to develop a national strategy for reduction of teenage pregnancy, a child welfare policy and a child justice strategy. UNICEF also supported adolescent mothers through life skills training and provision of funds for income-generating activities. It reached more than 6,000 adolescent girls through 200 clubs in 4 districts. UNICEF provided technical assistance to develop and launch the national referral protocol for victims of gender-based violence, including free medical examinations and training of stakeholders at district and chiefdom level.

21. At community level, assistance has been provided to 102 child welfare committees, 400 traditional and religious leaders, 202 paralegals and 171 community groups to prevent and respond to child protection issues, such as diversion of children and adolescents in conflict with the law from the formal judicial system, family tracing and reunification of children not living with their biological parents. Family tracing and reunification networks have been set up in 12 districts.

22. A social protection secretariat has been established with support from UNICEF and the World Bank to coordinate implementation of a cash transfer programme for extremely poor households.

Lessons learned

23. During the first decade after the war, UNICEF and other development partners concentrated on immediate provision of basic social services. In recent years there has been a shift towards supporting the Government and its partners to develop capacity to provide such services to children and their families. Partnerships between local councils and community structures have strengthened the capacity to undertake monitoring and supervision of schools. Furthermore, pursuit of child rights through community-centred approaches to empowerment of women can be effective. Community self-financing schemes play an important role in rallying community groups and help in encouraging members to sustainably support various child care activities.

24. To empower women and girls and reduce their vulnerabilities requires collaboration among different programme components to increase access to services, address harmful social practices and provide educational and economic opportunities for women and girls.

25. With 56 per cent of the population under the age of 20, it is crucial to enable children and adolescents to remain in school, make informed decisions and develop coping and self-management skills that help them lead healthy and productive lives.

26. In an environment of inadequate accountability and risk to resources, UNICEF, the Government and other stakeholders developed a risk and control matrix to reduce risks related to procurement and distribution of drugs for free health care. It improved accountability and transparency.

The country programme, 2015-2018

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child survival and development	10 500	119 585	130 085
Education	6 500	50 000	56 500
Child protection	5 000	20 000	25 000
Social policy, planning, monitoring and evaluation	6 780	8 000	14 780
External relations and advocacy	2 000	2 000	4 000
Cross-sectoral	5 000	6 000	11 000
Total	**35 780**	**205 585**	**241 365**

Preparation process

27. The country programme has been developed through a participatory process involving government partners under the leadership of the Ministry of Finance and Economic Development. The process was informed by the situation analysis, common country assessment and review of the United Nations transitional joint vision (2013-2014). The programme builds on the United Nations Development Assistance Framework (UNDAF) 2015-2018 to support implementation of the Agenda for Prosperity and sectoral policies. The country office held a Strategic Moment of Reflection in December 2013 to review UNICEF roles and engagement in the country. Consultations were held with counterparts, civil society organizations, donors and experts.

28. This participatory preparation process focused especially on equity, adolescent behaviour and opportunities, empowerment of women, social inclusion, results-based management and the human rights-based approach to programming. Under the authority of the Ministry of Finance and Economic Development, the draft version of the country programme was presented to all key partners for consideration and amendments.

Programme components, results and strategies

29. The overall goal of the country programme for 2015-2018 is to support national efforts to accelerate the realization of the rights of children by improving access to services, developing the capacity of systems, building resilience among households and communities, and providing social protection to the poorest and most vulnerable families. This is expected to significantly contribute to achievement of the post-2015 development goals. It also will support achievement of the global goals in the UNICEF Strategic Plan, 2014-2017.

30. The programme strategies, emphasizing sectoral convergence, will include (a) developing capacity for service delivery that is equitable and sensitive to conflict issues, particularly for vulnerable groups such as children under age 5 in underserved areas, children who are orphaned or living without their biological parents, children with disabilities, children involved in child labour, adolescent girls

and out-of-school children; (b) strengthening systems for real-time programme monitoring and evaluation; (c) building community resilience and empowerment through community-centred development; (d) supporting upstream policy reforms, advocacy, institution-building and decentralized planning and budgeting to ensure more responsive and accountable service delivery; (e) collaborating with the private sector, communities, civil society and governmental entities to leverage resources for realization of child rights; (f) promoting behavioural and social change in households and communities to enhance child survival, education and protection outcomes and build resilience; (g) building emergency preparedness capacity and humanitarian response; (h) innovating for better delivery of services; and (i) strengthening the role of zonal offices to support engagement with decentralized structures, especially district and local councils.

31. **Child survival and development**. This programme component aims to ensure that under-five and school-age children, adolescents and women have access to and utilize essential, high-quality and high-impact child survival and development services incorporating prevention, treatment and care.

32. Within the context of "A Promise Renewed", the component will support policy formulation and implementation of sector strategies for children, women and adolescents, and contribute to data generation for informed decision-making and programming. It will support implementation of the national health sector strategic plan; the reproductive, newborn and child health policy; the strategic plan for elimination of mother-to-child-transmission of HIV; and the strategy for reduction of teenage pregnancy. It will also support formulation of legislation to aid community health workers and infant and young child feeding practices. The programme will address bottlenecks in investment plans, institutional reforms and private sector participation in water and sanitation interventions.

33. The component will continue capacity development by intensifying training for health personnel and improving facilities to scale up and deliver better child, newborn and maternal care. It will also support actions to increase access to quality adolescent sexual and reproductive health care through youth-friendly services and linkage of programmes with schools. Health facilities will be further renovated by installing water and sanitation and scaling up outpatient therapeutic feeding centres. Separate sanitation facilities for boys and girls will be established in primary schools.

34. Community-centred interventions will be aided to provide immediate postnatal care; encourage use of insecticide-treated mosquito nets; treat malaria, pneumonia and diarrhoea; prevent and manage HIV; screen for acute malnutrition; promote appropriate infant and young child feeding practices; maintain "open defecation free" status; promote key family practices, including hand washing with soap; maintain water and sanitation facilities; and promote emergency preparedness, disaster risk reduction and community resilience.

35. **Education**. This programme component will support development of institutional capacity in the education sector, including by strengthening systems to enhance school enrolment and right-age entry, retention, completion and transition, as well as improved quality of teaching and learning. In line with the education sector plan and the Global Partnership for Education, interventions will focus on programming both in and out of school through support to school readiness,

mentoring programmes for girls and greater participation by parents and communities in school management.

36. The component will support the Ministry of Education, Science and Technology in setting up an education management information system to measure learning outcomes of all children, including those at risk of not accessing the formal school system. The ministry and local councils will be supported to increase their capacity to monitor learning outcomes through cluster monitoring, links to teacher training institutions and technology innovations to improve teachers' professionalism and classroom-based learning in child-friendly environments.

37. The ministry will also be supported to facilitate reform of the teacher training curriculum, help to make the teaching service commission operational and provide adequate teaching and learning materials. Intersectoral approaches will be adopted to support development of life skills among children and young people as well as health and rights awareness through education. Synergies among the formal systems and catch-up classes for out-of-school and over-age children will be established to increase learning opportunities for girls and young mothers. The programme will explore innovative approaches to consolidating peace and building community resilience.

38. **Child protection**. Through an inclusive and integrated child protection systems approach, this programme component will increase national and decentralized capacity to provide equitable access to child-friendly services that prevent and respond to violence, abuse, exploitation and neglect. This will be through (a) support to implement key policies and laws, such as child welfare and alternative care policies, the Child Rights Act 2007, the Sexual Offences Act 2012, the child justice strategy and the national strategy for reduction of teenage pregnancy; and (b) institutional capacity-building at national and decentralized levels to prevent and respond to violence, abuse and exploitation, with a special focus on adolescent girls and boys. This will include improved user-friendly recourse to justice for children in contact with the law and strengthened integration of birth and civil registration services at national, district and local levels.

39. Children, adolescents and communities will be empowered to reduce the harmful consequences of social norms and practices. There will be a particular focus on reducing child marriage, adolescent pregnancies, female genital mutilation/cutting, gender-based violence and the worst forms of child labour. Social change and family strengthening strategies will contribute to reduced violence, exploitation and abuse. Innovative child participatory approaches and links between formal systems across sectors will be used to strengthen community mechanisms such as child welfare committees and adolescent clubs. The objective is to develop locally appropriate solutions to challenges facing children and adolescents, including those with disabilities.

40. **Social policy, planning, monitoring and evaluation**. This programme component will strengthen the capacities of ministries, agencies and local councils for planning, monitoring and evaluation, data management and social policy analysis to reduce multidimensional child poverty and exclusion. Through the roll-out of the Monitoring Results for Equity System, it will further strengthen the use of national and decentralized planning and monitoring systems that aim to systematically identify and reduce bottlenecks to equitable service delivery for

children and women. It will engage in high-quality research on gender issues, adolescents and children.

41. To generate evidence for action, the component will support implementation of a national monitoring and evaluation plan and policy. It will strengthen the health and education management information systems. It will also strengthen national data collection efforts through support to the multiple-indicator cluster survey in 2015, the post-enumeration survey of the census in 2015 and the Demographic and Health Survey in 2018. Innovative approaches in using technology for development will be employed to enhance real-time monitoring, social accountability and service response.

42. The component will support the Ministry of Information and the Office of the President to develop a communication for development strategy. The goal is to strengthen community-driven dialogue to advance social change and ensure people have appropriate knowledge and skills on health care, nutrition, education, child protection and water, sanitation and hygiene education (WASH). Better community partnerships and engagement with decentralized structures will be emphasized through community-centred development.

43. The component will support local councils to strengthen their capacity for improved community participation in evidence-based and equity-focused planning, budgeting for children, coordination of service delivery and accountability. Local councils, civil society and communities will be supported to expand use of participatory community monitoring and accountability frameworks to increase citizen demand for services and accountability of both rights-holders and duty-bearers, emphasizing women and adolescents.

44. The national social protection system will be strengthened to effectively provide social protection to the poorest and most vulnerable groups, including people with disabilities. The national social protection secretariat will be supported to ensure timely benefit payments, better monitoring, rigorous grievance redress and improved management of information for decision-making. Poor people and their communities will be empowered to demand accountability and transparency in delivery of services by participating in the grievance redress mechanism with civil society organizations, local councils, the national social protection secretariat and the anti-corruption commission.

45. **External relations and advocacy**. This programme component will use multiple channels — including social media, print media, television and radio — for evidence-based advocacy on issues relating to the rights of children and women. These channels will also be used to increase awareness among duty-bearers and rights-holders. Efforts will be made to strengthen donor and National Committee relations to increase resources to support realization of child rights. The programme will work with local and international media to improve reporting on children and women in accordance with international ethical standards.

46. **Cross-sectoral**. This component will cover management and operational support to ensure effective and efficient implementation of the country programme. It will support administration, financial management, information technology, human resources management, security and supply and logistics.

Relationship to national priorities and the UNDAF

47. The country programme has been developed based on the joint strategies of the UNDAF 2015-2018. It aims to support the Agenda for Prosperity, emphasizing three priority pillars: human development, social protection and women's empowerment. The programme supports national priorities by contributing to six of the eight pillars of the UNDAF.

Relationship to international priorities

48. The country programme is guided by the Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, Convention on the Rights of Persons with Disabilities and other human rights treaties. It is aimed at accelerating the achievement of the Millennium Development Goals, as well as the goals and targets of the post-2015 development agenda. It is aligned to the seven outcomes of the UNICEF Strategic Plan, 2014-2017 and the Core Commitments for Children in Humanitarian Action. The programme is also aligned with the principles of the Paris Declaration on Aid Effectiveness, the Accra Agenda for Action and the New Deal for engagement in fragile states (of which Sierra Leone is a pilot country), to which both UNICEF and the Government are committed.

Major partnerships

49. To ensure more effective and efficient use of resources to address priorities for children and women, UNICEF will continue to participate in development partnership coordination; the steering committee for multi-donor budget support; Scaling Up Nutrition; the inter-agency coordination committee for the GAVI Alliance; and the country coordination mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

50. UNICEF will continue to co-chair the education partners' group, health development partners' group, WASH donor partners' group and the national monitoring and evaluation technical working group so that adequate attention is given to issues concerning the rights of children and women.

51. To enable closer coordination of policy formulation and implementation of social protection programmes, UNICEF will work with the national social protection forum, social protection secretariat, the World Bank and other United Nations agencies.

52. To increase public awareness and media capacity to report ethically on the rights of children and women, key partnerships will be strengthened with Journalists for Human Rights, the Sierra Leone Association of Journalists, Sierra Leone Broadcasting Corporation, Children's Forum Network, Youth and Child Advocacy Network, Independent Media Commission and Media Alliance for Children.

Monitoring, evaluation and programme management

53. The Ministry of Finance and Economic Development will serve as the national coordinating body for the country programme. Line ministries will be responsible for implementation and coordination of the respective programmes. Key indicators for monitoring progress are detailed in the summary results matrix. An Integrated Monitoring and Evaluation Plan will be developed to enhance monitoring and

evaluation. There will be an emphasis on strengthening government and partner monitoring systems to track the status of key barriers and bottlenecks in real time through the Monitoring Results for Equity System, as well as on knowledge management to document results, lessons learned and best practices. Mid-year and annual reviews of the programme components will be undertaken with the Government, implementing partners and development partners. UNICEF will participate in the United Nations country team and other inter-agency coordination mechanisms and contribute to annual UNDAF reviews and the end-of-cycle evaluation.